

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014245

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 117

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marionville</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bedford</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>				Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Edward</u> Last <u>Cox</u>				4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1959</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 25, 1890</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Blackton, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>usa</u>							
13a. FATHER'S NAME <u>Lewis C. Cox</u>				13b. MOTHER'S MAIDEN NAME <u>Jane McCalla</u>			
14. NAME OF HUSBAND OR WIFE <u>Millie Cox</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>484-07-4251</u>		17. INFORMANT <u>Vernon Cox</u>	
Address <u>Bedford, Ia.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Hypertensive Cardiovascular</u> DUE TO (c) <u>renal disease con. arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>12:00</u> Month <u>4</u> Day <u>29</u> Year <u>1959</u> a.m. <u>A</u> p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4/29/59</u> to <u>5/1/59</u> and last saw her alive on <u>5/1/59</u> Death occurred at <u>12:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. H. Jones M.D.</u> (Degree or title)				22b. ADDRESS <u>Marionville Mo</u>		22c. DATE SIGNED <u>5/5/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-3-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Blackton, Iowa</u>	
24. FUNERAL DIRECTOR <u>Frank L. Wetmore Jr.</u> ADDRESS <u>Bedford, Ia</u>				25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>		26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4517

P. O. Address. Bedford, La.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.